

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015343

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 47

FILED MAY 14 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clay County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	
Length of stay in 1b <u>Lifetime</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Spa View Rest Haven</u>		d. STREET ADDRESS (If outside, give location) <u>955 Williams St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James William Jones</u>		4. DATE OF DEATH Month Day Year <u>April 4, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-22-1899</u>
9. AGE (last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardner & Taxi Desp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Taxi</u>	
11. BIRTHPLACE (City and state or country) <u>Excelsior Springs</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Ben Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Ruth Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>61</u>		17. INFORMANT <u>Mrs. A. Ruth Jones</u>	
18. CAUSE OF DEATH (Enter only one cause plus conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonitis; severe cold; emphysema</u>		INTERVAL BETWEEN ONSET AND DEATH sev. days <u>sev. years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 4, 1963</u> to <u>April 4, 1963</u> and last saw him/her alive on <u>April 4, 1963</u> . Death occurred at <u>3:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>M. D. Excelsior Springs, Missouri</u>	
22b. ADDRESS		22c. DATE SIGNED <u>4/5/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr. 6-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clay County Mo.</u>	
24. FUNERAL DIRECTOR <u>C. Virgil Hope</u>		25. DATE RECD. BY LOCAL REG. <u>4-5-63</u>	
26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 15 1963

Burial Permit received 4-5-63 C.N.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by C. Virgil Hope, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address 216 Spring St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.